

February 23, 2010

Los Angeles County Board of Supervisors

Gloria Molina

First District

TO:---

FROM:

Each Supervisor

Interim Director

Mark Ridley-Thomas

Second District

John F. Schunhoff, Ph.D.

Zev Yaroslavsky

Third District

Fifth District

SUBJECT:

STATUS REPORT ON KEY INDICATORS OF

Don Knabe Fourth District Michael D. Antonovich

PROGRESS, HOSPITAL OPERATIONS, AND OTHER ISSUES RELATED TO THE TRANSITION TO THE NEW LAC+USC MEDICAL CENTER – PROGRESS

REPORT #30 (Agenda Item #S-2, February 23, 2010)

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This is to provide your Board with the bi-monthly report on the status of transitioning to the new LAC+USC Medical Center (LAC+USC). This report is the full monthly operational report with trends to include the month of January 2010.

Census Trending (ADC includes Psychiatric & Newborn Patients)

The Average Daily Census (ADC) for the month of January was 578 out of 671 licensed beds, an estimated 84% utilization rate (86% occupancy). The census for Medical/Surgical units was an estimated 92% utilization rate (94% occupancy) for January 2010.

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Emergency Department (ED) Indicators

To improve health through leadership, service and education.

Key indicators in Attachment #1 are relatively consistent with some fluctuations, both up and down, in various measures. Most importantly, ED Boarding Time and Wait Times remain stable while Average Length of Stay (ALOS) has returned to 5.4 days, the lowest since October 2008 prior to the move and lower than the target of less than 5.5 days. Increases were demonstrated in Left Without Being Seen and the Crowding Level Comparison which are reflective to the 9% increase in ED Admission Volume from December-January 2010.

Health Plan Agreements for Specialty Care

- 100

The Office of Managed Care (OMC) successfully finalized new marketing materials and a referral resource guide for LAC+USC's Burn Program. All materials have been printed and are actively being distributed to targeted referral and payer sources. Introductory meetings and tours were held with the Los Angeles County Emergency Medical Directors' Association (LACEMDA) on October 28, 2009 and January 27, 2010 to promote and showcase the new facility. OMC's

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initial efforts have focused on ensuring the referral process is seamless and user friendly for potential partners. The establishment and development of relationships with the private sector hospitals and EDs is key to our successful marketing of the Burn Program.

If you have any questions or need additional information please contact me or Carol Meyer, Chief Network Officer at (213) 240-8370.

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Attachments

c: Chief Executive Office County Counsel Executive Office, Board of Supervisors

Operational Monitoring Report Reporting Period – January 2010

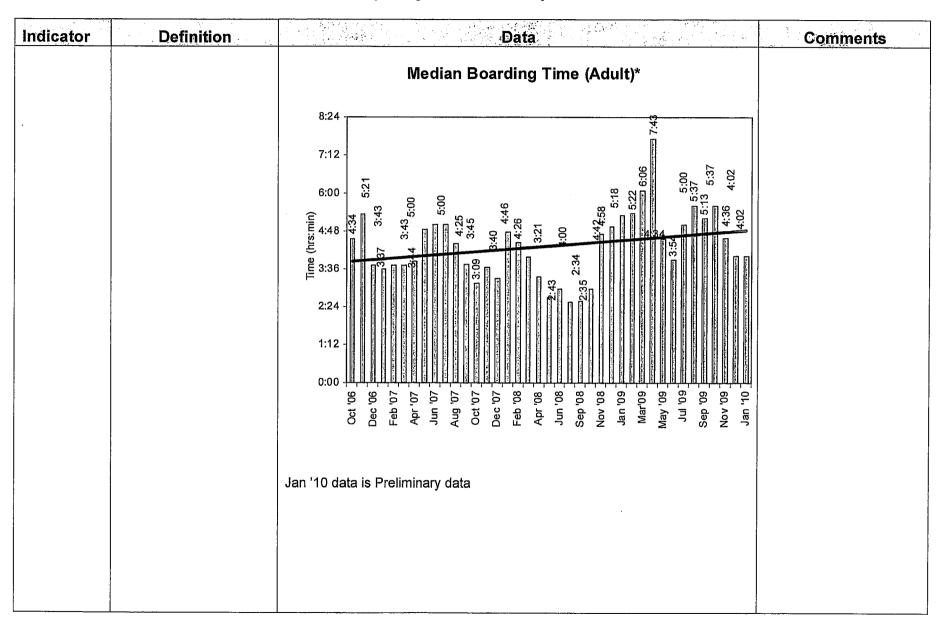
Indicator	Definition	Data
Indicator #1	– Trends in Average Dai	ly Census and Hospital Operations Metrics
1a. Average Daily Census (ADC)	ADC: A measure of the total number of inpatients occupying licensed beds on a daily basis reported as the arithmetic mean. Calculation: Total number of admitted inpatients at 12:00 AM midnight daily, summed over the month and divided by the total number of days in the month. Source of Data: Affinity	ADC 8.19 689 689 689 689 689 689 689 689 689 68

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Indiactor 44	Tranda in Average Delly Concus and Userital Operations Matrice	Comments
Indicator #1 1b. Occupancy Rate LAC+USC Medical Center	Trends in Average Daily Census and Hospital Operations Metrics Definition: A measure of the usage of the licensed beds during the reporting period that is derived by dividing the patient days in the reporting period. Calculation: The total number of admitted inpatients at 12:00 AM midnight, including women in labor, may include normal newborns and psychiatric inpatients divided by licensed or budgeted beds. Source of Data: Affinity Target: 95% 1. Medical Center Licensed Occupancy Rate (excluding Newborns) = Med Center Census - Newborns / 600 Selection - Newborns - Newborns / 600 Selection - Newborns - Newborns / 600 Med Center Licensed Occupancy Rate (including Newborns / 600 Med Center Census + Newborns / 600 Med Center Census + Newborns / 600 Newborns - Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Med Center Census + Newborns / 600 Newborns - Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Newborns - Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Newborns - Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600 Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Bed Newborns / 600	For comparison, occupancy rates reported in the old facility were reported including newborns and were based on budgeted beds. Dec Jan '09 '10 vborns) 84% 87%

Indicator	Definition	Data	Comments
		Med Center Census + Newborn /600 3. Healthcare Network Budgeted Occupancy Med Center Census + Newborns + Psych Hosp Census / 671	
		Med Center Census + Newborns + Psych Hosp Census / 671 90% - 82% 83% 85% 85% 85% 85% 85% 85% 86% 84.5% 70% - 40% - 30% - 40% - 30% - 20% - 10% - 20% - 10% - 20% - 10% - 20%	
		Medical Center = New Facility Healthcare Network = New Facility + Psychiatric Hospitals	

	- Emergency Department	11.001100		·			
2a. Median Emergency Department	Boarding Time: Time from MD Admit time (effective date and time of pre-admit) to time the patient		·	Median EDBT		☑ Nov '08	
Boarding Time (EDBT)	actually leaves the ED en route to assigned bed (effective date and time of the ED	8:24 7:12 -	7:43			□ Jan '09 □Feb '09	
	disposition). Calculation: The middle value in the set of individual) - 00:90 - 14:88 - 15:22	4 6:06 4 6:00 4 6:00 4 6:00 5:37 5:37 6:38		3. 44. 44. 44. 44. 44. 44.	■ Mar '09 □ Apr '09 ■ May '09	
*Harris Rodde Indicator	boarding times for the month arranged in increasing order. If there is an even number of values, then the median is the average of the middle two values.	Time (hr:min) 3:39 9:14 8:14 8:14 8:15 15 16 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	######################################	13:00 22:25:35:55:35:55:56:75:75:75:56:75:56:75:56:75:75:75:75:75:75:75:75:75:75:75:75:75:	100 100	■ Jun '09 ■ Jul '09 ■ Aug '09	
		2:24 - 1:12 - 1:12	ANGERSONS SERVICES	mechanisms 210 mechanisms transport 217 me	TANKS AND	□Sep '09 ⊞Oct '09	
	Source of Data: Affinity	0:00	Adult	Peds	Total	■ Nov '09 ■ Dec '09 ■ Jan '10	
	Target : Less than 7 hours.	Jan '10 data is	s Preliminary da	ata			



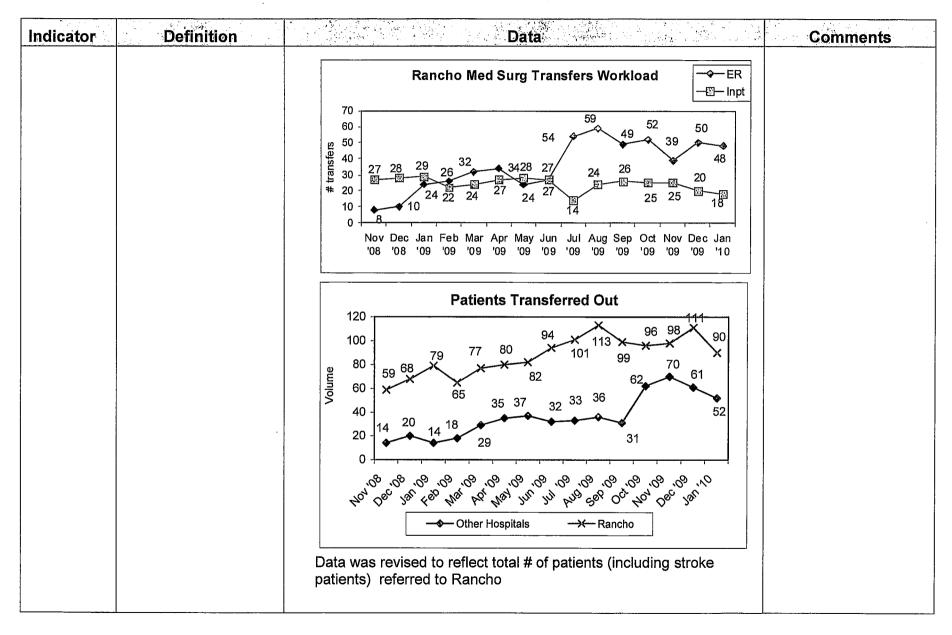
Indicator	Definition	Data	Comments
Indicator #2	- Emergency Departmen	t Metrics	
2b. ED Wait Time	ED Wait Time: Measured from time patient is triaged to time patient is either admitted or discharged reported as an arithmetic mean. Definition: Sum of all wait time values during the monthly reporting period divided by the total number of values. Source of Data: Affinity Target: No target value. Lower numbers are better.	Average ED Wait Time 14:24 12:00 9:36 4:48 2:24 - 10:00 Adult Peds Total Adult Wait Time: *Excludes Psych, Pediatric, Observation Unit, and Jail patients Total ED Wait time: *Excludes Psych, Observation Unit, and Jail Jan '10 data is Preliminary data	

Indicator	Definition	-Data Comments
Indicator #2	- Emergency Departmen	t Metrics
2c. Left Without Being Seen (LWBS)	LWBS: The total number of patients who left the ED without being seen by a physician reported as a percentage of all ED visits.	2500 2000 - Left Without Being Seen 2500 - 20% - 18% - 16% - 14%
*Harris Rodde Indicator	Calculation: The total number of patients who left the ED without being seen divided by the total number of ED patient visits on a monthly basis. Source of Data: Affinity Target: No target value. Lower numbers are better.	# 1000 - 10% 8 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6

Indicator	Definition - Emergency Departmen	Data t Metrics	Comments
2d. ED Diversion	ED Diversion: A percentage measure of the time the ED diverts ambulance traffic away from the ED, reported as a function of the reason for diversion on a monthly basis. Calculation: The total number of hours of ED diversion for a specific reason divided by the total number of available hours in a month. Source of Data: ReddiNet	Diversion of ALS Units due to ED Saturation 63 58 58 58 59 55 52 51 50 52 51 50 52 52 52 52 52 52 52 52 52 52 52 52 52	Key points: Diversion is for paramedic runs only; Basic Life Support ambulances still arrive When diversion is requested but all hospitals in the area are on diversion, patients go to the closest hospital. Therefore, ambulances often arrive while "on diversion".

Indicator Definition	Data	Comments
2e. Surge Report	Crowding Level Comparison New Facility Surge Plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended To approve the plan Suspended To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational To approve the plan Suspended New Facility Surge Plan Operational New Facility Surge Plan Operation	

Indicator	Definition		Data			Comments
Indicator #3	– Trends for Patient Dive	ersions and Transfers & #4	l – Transfers	s to Rancho Los	Amigos Metri	cs
3. & 4. Rancho	Transfers: The volume of patients transferred to RLAH for	Month of Jan '10 Referrals from ER:				
Los Amigos	acute hospitalization from the Emergency		Med/Surg	Acute Stroke	Total	
Hospital (RLAH)	Department and from	# Met transfer criteria	77	NA	***	
Transfers	Inpatient Units.	# Referred to RLAH	77	17	94	
	Data Caurasi	# Transfers	48	17	65	
	Data Source: Manual record keeping.	# Denied	16	NA	-	
		# Cancelled	13*	NA	-	
	Cancelled category includes patients whose condition changed leading to higher level of care or discharge home.	# Patients refused*	13	NA	-	
		Referrals from Inpatients	: Med/Surg	Acute Stroke	Total	
		# Met transfer criteria	27	NA	_	
		# Referred to RLAH	27	7	34	
		# Transfers	18	7	25	
		# Denied	3	NA	_	
		# Cancelled	6*	NA	-	
		# Patients refused*	0	NA.	-	
		Other /Pending	0	NA		



Indicator	Definition	Data	Comments			
Indicator #5	– Harris Rodde Indicator	rs .				
5.	LOS: The difference between	*Healthcare Network ALOS - Preliminary data pending Auditor-Controller validation	Overall trend in ALOS for the 2-year period			
Average Length of Stay (ALOS)	discharge date and the admission date or 1 if the 2 dates are the same.	7 6.5	prior to the move reduced to a low range of 4.7 – 5.5 days in 2008. Immediately prior			
	Total LOS:	6.5 8 6.0 6.2 6.1 6.2 6.2 6.1 6.2 6.2 6.1 6.2 6.2 6.1 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2 6.2	to the move, the ALOS increased as the lower acuity patients were			
	Calculation: ALOS is the arithmetic mean calculated by dividing the Total LOS by the Total # of	5.6 5.6 5.8 5.8 5.8 5.8 5.5 5.5 5.5 5.8 5.8 5.8	transferred to other facilities. This trend may continue depending on number of transfers.			
*Harris Rodde Indicator	discharges in the monthly reporting period, rounded off to one decimal place.	3.5 3 9 9 5 5 5 5 5 8 9 9 9 9 9 9 9 9 9 9 9 9				
	Source of Data: Affinity	Oct '06 Dec '06 Feb '07 Aug '07 Oct '07 Dec '07 Aug '07 Aug '08 Aug '08 Aug '08 Aug '08 Aug '08 Sep '09 Jan '09 Sep '09 Sep '09 Jan '109				
	Target: <5.5 days	──── Target ALOS ─────── Actual ALOS				

Indicator	Definition			Data			Comments				
Indicator #6 – F	Pediatric Metrics				· · · · · · · · · · · · · · · · · · ·		ter i i i i i i i i i i i i i i i i i i i				
6.	Census:										
Pediatric Bed Census and Occupancy	The total number admitted pediatric inpatients at 12:00 AM	Date	NICU (40 Beds)	Peds Ward (25 Beds)	PICU (10 Beds)	Med/Surg Adolescent (20 Beds)					
(%)	midnight of a	Nov-08	56%	54%	50%	33%					
` '	designated pediatric ward.	Dec-08	52%	60%	60%	40%					
Pediatric ICU	Occupancy:	Jan-09	52%	68%	70%	75%					
(PICU)	The total number of	Feb-09	50%	80%	80%	85%					
Neonatal ICU (NICU)	admitted pediatric inpatients divided by				Mar-09	57%	72%	70%	80%		
Pediatric Unit	the total number of	Apr-09	57%	60%	60%	75%					
Adolescent	licensed beds on that unit and reported as percentage.	unit and reported as	unit and reported as	unit and reported as	unit and reported as	May-09	62%	72%	70%	70% 80%	
Unit		Jun-09	60%	64%	60%	75%					
		Jul-09	57%	72%	60%	80%					
	Source of Data:	Aug-09	55%	64%	60%	80%					
	Affinity	Sep-09	55%	68%	70%	80%					
		Oct-09	45%	60%	60%	80%					
		Nov-09	35%	64%	70%	70%					
		Dec-09	40%	64%	70%	65%					
		Jan -10	60%	68%	70%	70%					